

Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

+ 24 2019 Ending: October 18, 2019		
	Beginning: ACCCT 2	Reporting Period:
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	ことののこれらい	City or Town of:
пист ург ан троптинон, ехсерт эхгтин сэ.	う	

Pursuant to M.G.L. Chapter 55:

☐ 8th day preceding preliminary/primary

M.G.L. Chapter 55:

8th day preceding election

☐ 30th day following election (town or special)

☐ 20th day of January (Year-End report)

- 1. I certify that I am a candidate for or currently hold Municipal Office.
 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- I certify that I do not have a political committee.

	 	 		Till Janes					
			31/12/07	10/26/19	10/28/19	11/88/19	10/25/19	10/25/2019	DATE
			GRINS ZINVEIN	Morely-Hanner	Lally methearn	PLCHARD SHURTELL	Joseph Aubboom	TERENCE STEBERS	PRINT NAME
			Vale	MARILYN HANNAN	SALLY M. AHEARN	Allow Miku	MMM.	187	Signed under the penalties of perjury
			81 BANTON BY	43 FREHAN DR	REPRANTE	48 GREEN RIVER ROAD	643 BERNARDYFON	60 PIERCE ST.	(Street and Number)
			PUTONIZ CODIESCIS	AK WAENER	かくるるい	Chrome some Mill -	BAND OF ASSESSOR	COUNCIUM AT LANGE	OFFICE SOUGHT

*
,



Form CPF M 102-0: Campaign Finance Report Office of Campaign and Political Finance Municipal Form

Please print or type all information, except signatures.

City or Town of: GREENFIELD	REENFIED				
Reporting Period:	Beginning: 08/24/2019	4/2019	Ending:	ng: 10/18/2019	
,		(MM/DD/YYYY)			(MM/DD/YYYY)
Type of Report: (Check One)	ck One)		12		
8th day preceding	preliminary/primary	☐ 8th day preceding preliminary/primary ☐ 8th day preceding election	☐ 30th day following election (tow	n (town or special)	20th day of January (Year-End report)
Durant to MGI Chanter 55:	hanter SS.				

Pursuant to M.G.L. Chapter 55.

- 1. I certify that I am a candidate for or currently hold Municipal Office.
 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- I certify that I do not have a political committee.

				10/27/2019	DATE
				Kia Burton - King	PRINT NAME
				1. 2010	SIGNATURE Signed under the penalties of perjury
				27 RIVERSIDE DRIVE	RESIDENTIAL ADDRESS (Street and Number)
MASS THE RK	ENFICE OF	S018 C		School Committee	OFFICE SOUGHT



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Please print or type all information, except signatures.

Type of Report: (Check One) Reporting Period: City or Town of: 8th day preceding preliminary/primary orcentic Beginning: ₹ 8th day preceding election MASS (MM/DD/YYYY) 30th day following election (town or special) Ending: 20th day of January (Year-End report) (MM/DD/YYYY

Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office.

- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- 3. I certify that I do not have a political committee.

			10/22/01	DATE
			Townella Greene	PRINT NAME
			Jamester Green	SIGNATURE Signed under the penalties of perjury
			53 Norwood St. Gay	RESIDENTIAL ADDRESS (Street and Number)
3: 27 3: 27 3: 8	08EENFIELD.18		Cty Corner Precincil 3	OFFICE SOUGHT



Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

City or Town of: Greenfield		Plea	Please print or type all information, except signatures
Reporting Period: Beginning: 08/24/2019	(ΜΜ/ДД/ΥΥΥΥ).	Ending: 10/18/2019	(MM/DD/YYYY)
Type of Report: (Check One)			
8th day preceding preliminary/primary 🛛 8th day	∑ 8th day preceding election ☐ 30th day follow	30th day following election (town or special)	20th day of January (Year-End report)
Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence. 3. I certify that I do not have a political committee.	Municipal Office. made any expenditures, or incurred any obl	igations during this reporting period, and	do not have a campaign fund in existence.
DATE PRINT NAME	SIGNATURE Signed mider the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
10/25/2019 Daniel J Guin	TO MAN TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T	717 Lampblack Road	Precinct 2 City Councilor
		The state of the s	



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

City or Town of:	Greenfield	40.00	Pleas	se print or type all information, except signatures.
Reporting Period	: Beginning:	06/0/2019 (MM/DD/YXYY)	Ending:	10/15/2019 (MM/DD/YYYY)
Type of Report: (C		y preceding election 30th day follow	ing election (town or special)	20th day of January (Year-End report)
I certify that	I am a candidate for or currently hold	Municipal Office. M. W. H, made any expenditures, or incurred any oblig	ations during this reporting period, and	do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
	MARILYN WILLIAMS HANN	AM Marily W Hannin	43 FREEMAN DRIVE	TRUSTEE - A.K.WARNEN FUND

GREENFIELD, MASS 2019 OCT 17 AM 10: 23 OFFICE OF THE CITY CLERK



Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance ENFIELD, MASS

2019 OCT 21 PM 3: 54
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 71-319 Ending Date: FICE ASTHE9	
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution	
Virginia DeSorgher Candidate Full Name of applicable) City Council Precinct 3 Office Sought and District 43 Silverels Lane Residential Address E-mail: Ginnydoll40 Lanco Com Phone # (optional): 508-319 3714 Committee to Elect Virgina Less Committee to Elect Virgina Less Committee Name Committee Treasurer 48 Silver Crest Lane Committee Mailing Address E-mail: Juckiethin @ Comcast, net Phone # (optional):	rghe
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6) 50.60	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Greenfield Savings Bank	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date: Date:	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finar activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions incurred any liabilities nor made any expenditures on my behalf during this reporting period.	ice s,
Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Candidate's signature)	

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received Name and Residential Address (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
10/17	Janice Adam 252 Davis St	100,60	(tox containments of \$200 of more)
8/17	Rose Caouette 29 Silver Crest Lane	50.00	
81,	Marlon Carter 68 Silver Crest Lane	35,00	
18/5	David Chichester 12 Silver Crest Lune	100.00	
9/21	Mary Chicoine 254 Davis St	50,00	
7/31	Scott Deulin 4 Silver Crest Ln	50.00	
7/31	Linda Farrell 37 Silver Crest Ln	50.°°	
7/26	Paula Farrell 18 Lillian St	100.00	
9/25	Elizabeth Fisk B Osgood St	75,00	
8/7	Wendy Fuller O Silver Crest Ln	25, ^{co}	
7/31	Patricia Harris 40 Silver Crest In	50.°°	
81	Lynne Kelley 19 Silver Crest Ln	40,00	
ine 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD	- 11	Enter on page 1, line 2 include only those receipts not itemized above.

of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Committee to Elect Virginia pasorda

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together. from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)				
	To Whom Paid			<u> </u>
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
bulled	East Coast Printing	2 Keith Way Unit 5 Hirgham MH 02043	door Nangers button	363,28
8/15	Connolly Printing	178 gill St Wdown MA O1801	poly coated signs	503.H
9/23	Copycat Print Shop	Greenfield MHO1301	postcards	52.06
9/30	Virginia Desorgher	43 Silver Crest Ln Greenfield MitoBol	video feed back postage, copying	215,00
			-	
		Line 12: Total Expenditures ove	r \$50 (or listed above)	1133,48
	ŀ	Line 13: Total Expenditures \$50		
		Line 14: TOTAL EXPENDITU		1133.48
If you have itemi	zed expenditures of \$50 and under	include them in line 12. Line 13 sho	ould include only those avacadity	

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

7.....

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/1	Mary Middlebrook 23 Stloer Crest Circle	40,00	
9/27	Mary Middlebrook 23 Silver Crest Circle	60.00	
3/1	Joan Milnes 42 Silver Crest Ln	50.0°	
8/2	Anne Mislak 9 Silver Crest Ln	50.°°	
7/29	Marion Roman 41 Silver Crest Ln	25,00	
1/20	Marcia Schuhle 7 Silver Crest Ln	100,00	
9/24	Fern Smith 24 Vernon St	50.°°	
81	Nancy Smith 49 Situer Crest Ln	25.00	
7127	Jacque line Thibodeau 13 Silver Crest Ln	50°°	
0/6	Suzanne Tromara 71 Silver Crest Lane	25,00	
8/2	Patricia Valiton 5 Silver Crest Ln	50.00	
7/27	Diana Weaver 48 Silver Crest Ln	50.00	
Line 9: Total Recei	pts over \$50 (or listed above)	400,-	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD	1300	← Enter on page I, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Committee to Elect Virginia De Soigher

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
.વ(ઝાવ	amy Metrahan	B Osgood St Grannfield	POSTCARDS	\$5 0 .
				<u> </u>

		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	L	······································
	Enter on page 1 line 6	Line 17: TOTAL IN-KIND CO	AUTDIDITIONO [B50,-

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
:				
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				<u> </u>
			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	<u></u>	Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and v		
	1	Line 14: TOTAL EXPENDIT		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance IELD, MASS

2019 OCT 28 AM 10: 13

File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: Type of Report: (Check one) 8th day preceding election 30 day after election year-end report ☐ dissolution 8th day preceding preliminary CHAEL TEROUNZO
Candidate Full Name (if applicable) Committee Name OUNCILOR AT LARGE
Office Sought and District Name of Committee Treasurer LOG PLAIN PD Residential Address Committee Mailing Address GR 13 MIKE CYAHOO. COM E-mail: Phone # (optional): Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report. Candidate without Committee 1 certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/38/19	MICHAEL TERONZO 171 LOG PLAIN RA GREENFIELD MADISON	374.00	SELF EMPLOYED LANDSLAPER
line 9: Total Receip	ots over \$50 (or listed above)	374.00	1
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	374,00	← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	ipts over \$50 (or listed above)		
,			
	ripts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	دامله ا	D	
2410 I 4IU	(asphanetical asturg)	Address	Purpose of Expenditure	Amount
8/28/19	JUSTY ARDSIENS, COM	ONLINE COMPANY	YARD SIGNS	77000
0120111	ļ	FLORIDA	111/2/3 310.13	374.00
				I L
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	l i	}	1	
				F
		- Articles		
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				<u> </u>
				<u> </u>
1		<u> </u>	<u> </u>	<u> </u>
		3		
		Line 12: Total Expenditures over	er \$50 (or listed above)	374.00
Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	374,00
	Ĺ	include them in line 12. Line 12 als		12/11

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
			1		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
				<u> [</u>	
		Line 12: Expenditures over	\$50 (or listed above)		
	Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEN	DITURES IN THE PERIOD		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	P			
				the resident
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
				<u> </u>
<u> </u>	Fnter on page 1 line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	

Commonwealth

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachuseurs NOV -7 AM IO: 18	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Aug.	
Type of Report: (Check one)	
	☐ 30 day after election
Edward F Jarvis	
City Councilor Precived I	Committee Name
Office Sought and District The Phantalian Crick Greenfield Wa.	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: Jbuck 740 com cast. Net Phone # (optional):	E-mail: Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	2
Line 2: Total receipts this period (page 3, line 11)	-D 466.17.
Line 3: Subtotal (line 1 plus line 2)	466.17. H66.17. 214) 466.17
Line 4: Total expenditures this period (page 5, line	14) 466.17
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pag	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	Ø.
Line 8: Name of bank(s) used:	N/A.
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the bactivity, of all persons acting under the authority or on behalf of this committee in accommittee in accommittee and liabilities nor made any expenditures on my behalf during this reporting process.	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 14/3/2018.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
August 26 2019,	Edward F JARVIS 76 Phonfation Cir. Greenfield Wa 0301	31 4/de, 17	Retired
ine 9: Total Receip	ets over \$50 (or listed above)	466.17	
ine 10: Total Receip	ots \$50 and under* (not listed above)	N/A.	
	ECEIPTS IN THE PERIOD	, ~~	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expend	eport all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid				
	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
August		11525A Stonehollow Dr. Suite 100. Austin, TX. 78758		-du	
26,2019	Build A Sign	Austin TX. 78758	LAWN Signs	466.17	
			17473	7.4.1.7	
 					
				<u> </u>	
				<u> </u>	
				<u> </u>	
<u> </u>					
				[L	
1					
<u> </u>					
		Line 12: Total Expenditures ove	er \$50 (or listed above)	4/66.17	
	Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 - Line 14: TOTAL EXPENDITURES IN THE PERIOD July 17 Figure 14: TOTAL EXPENDITURES IN THE PERIOD July 17 Figure 14: 17 Figur				
* If tour hour itam	f you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
			(and the state of st
1			
ine 9: Total Receipts	over \$50 (or listed above)		
	s \$50 and under* (not listed above)		
	CEIPTS IN THE PERIOD		
	ceints of \$50 and under include them in line		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

August 26, 2019

BuildASign.com

- \$466.17

Payment - PayPal Credit

Paid with	Seller info	
PayPal Credit		
	800-330-9622	
Ship to		
EDWARD F JARVIS		
76 PLANTATION CIR		
GREENFIELD, MA 01301-9736	Purchase details	
United States	18" x 24" Corrugated Plastic (Qty	\$438.00
	100)	
Category	Item #22188492	
Retail		
Transaction ID	PayPal Reconciliation - Rounding	\$0.75
6LG80569K3778552V	Error	
	Item #0	
	Amount	\$438.75
	Tax	\$27.42
	Total	\$466.17

Need help?

If there's a problem, make sure to contact the seller through PayPal by February 22, 2020.

HELP CONTACT US SECURITY FEES

		•	



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 10/3/3	File with: City or Town Clerk or Election Commission 2019 Ending Date: 10/18/2019
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Deborah Richards	Committee to Elect Debbie Richards Committee Name
Candidate Full Name (if applicable)	
Greenfield MA City Councilor Precinct 1 Office Sought and District	Rachel Gordon Name of Committee Treasurer
	431 Green River Road
431 Green River Road, Greenfield, MA 01301 Residential Address	Committee Mailing Address
E-mail: debbieforgreenfield@gmail.com	E-mail: debbieforgreenfield@gmail.com
Phone # (optional): 413-376-5828	Phone # (optional): 413-376-5828
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	1501.04
Line 3: Subtotal (line 1 plus line 2)	1501.04
Line 4: Total expenditures this period (page 5, lin	e 14) 649.96
Line 5: Ending Balance (line 3 minus line 4)	851.08
Line 6: Total in-kind contributions this period (pa	age 6) \$38.25
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Greenfield Savings E	Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 10/28/19
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period that are not otherwise disclosed in this report.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of the	s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: (5/28/19

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/10/2019	Michael Barnard, 252 Log Plain Rd., Greenfield, MA 01301	100	Programmer/Mount Holyoke College
10/8/2019	Mary Chicoine, 254 Davis St., Greenfield, MA 01301	100	not employed
10/7/2019	Joyce Follet, 41 Hendrick Rd., Cummington MA 01026	100	Historian/Smith College
10/11/2019	Mark Maloni, 239 Green River Road, Greenfield, MA 01301	50	Regional planner, FRCOG
10/10/2019	Samantha McIvers, 10 Carol Lane, Greenfield, MA 01301	100	Education/self employed
10/4/2019	Anne Richards, 884 Valleywood Dr, Salem, OR 97306	200	Retired
10/5/2019	Deborah Richards, 431 Green River Road, Greenfield, MA 01301 (loan)	130.16	Archivist/Mount Holyoke College
10/9/2019	Deborah Richards, 431 Green River Road, Greenfield, MA 01301 (loan)	220.72	Archivist/Mount Holyoke College
10/15/2019	Deborah Richards, 431 Green River Road, Greenfield, MA 01301 (loan)	215.16	Archivist/Mount Holyoke College
10/10/2019	Larry Richards, 1751 SW Bridlewood Dr., Dallas, OR 97338	100	Retired
Line 9: Total Rece	ripts over \$50 (or listed above)	1316.04	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	185	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	1501.04	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		1	
		}	
- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			
	The state of the s		
1 10.0			
;			
Line 9: Total Reco	sipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		Enter on page 1, line 2
			ld include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Data Dald	To Whom Paid	4.3.3		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
10/5/2019	Collective Copies	11 S. Pleasant St., Amherst, MA 01002	campaign literature	130.10
10/11/2019	Collective Copies	11 S. Pleasant St., Amherst, MA 01002	campaign literature	215.1
10/3/2019	GoDaddy Operating Cooperating	GoDaddy.com	domain registration	10.17
10/15/2019	Greenfield Savings Bank	Greenfield, MA	start bank account	10
10/9/2019	Potter's Printing	822 Eastern Ave., Fall River, MA 02723	lawn signs	220.75
10/3/2019	WordPress.com	WordPress.com	web services	63.75

	L	Line 12: Total Expenditures ov	er \$50 (or listed above)	649.96
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	649.96

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
Date Faid	(arphabetical insting)		Tarpos or Emperior			
				<u> </u>		
			ļ			
	1					
		}				
		Line 12: Expenditures over \$50	(or listed above)			
	Line 13: Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized						

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
10/4/2019	Sheila Gilmour	134 High St., Greenfield, MA 01301	photocopies	38.25
Line 15: In-Kind Contributions over \$5			as over \$50 (or listed above)	38,25
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			CONTRIBUTIONS	38.25

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		The design of the second of th		



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fil in Reporting Period dates: Beginning Date:	Ending Date:
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
	LIBRARYYES
Candidate Full Name (if applicable)	TOURTHAN CHRI)-GORGERA
Office Sought and District	Name of Committee Treasurer PO BOX 352 SERVEID D. MA 0136
Residential Address E-mail:	E-mail: YES ZLIBRANT @ AHOO.COM
Phone # (optional):	Phone # (optional): 413 896-0658
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11	11,426.00
Line 3: Subtotal (line 1 plus line 2)	11,426.00
Line 4: Total expenditures this period (page 5, lin	ne 14) 9,774,34
Line 5: Ending Balance (line 3 minus line 4)	1,651.66
Line 6: Total in-kind contributions this period (pa	age 6) 432.97
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: TD BANK	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to th finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

eport an receiptor	Please include your committee name and a pa Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
718119	ROAM, STEVEN ZSZ DAND ST DENGH CURURUSUS NAT , MACA	100.0	Reneap
9118119	BOWN, WILLAM 52 GRINNER STA CIBOI	100.00	GOU'T AFFAIR COORDINATES
10/7/19	BRUDON, WILLIAM IZENTING (MT C/31)	100.00	SOUT AFFAILS CODEDINGS OF
1017119	BOLIN, ED SOCRCHAND OF GRENFILLD	100.00	NIT
7/24/19	BETE, CHANNING 75 MEADY WOOD DATE BETE, MADIE GREWHOU, NA OF	1000.00 2000.00	RETIRED DIRECTOR CHANNING BETE RETIRED
10/16/19	BEDON, MARK 636 BLUMBETY PO GREENFIELD, MA OBOI	200.00	MALK I. BREALL
1011119	BOWMAN JUDAN 23 FRIENTEN ST GERENFIED	۵,00	NIA
1017119	BOTTE, EVEN ZIT GREEN RIVER ED GRENFILD, NA CISOI	Z50.ev	GRENPRUD PUBLIC LIBRARY
10114/19	BROWN, PRTEE ZY JAWS ST. GUSOUFIRLD, MA (130)	250.00	BIRECUTE OF TECHNOLOSI. GLOBAL EDULATIONS
7124114	CONSTATINONS TO LETON RD GREONFIRM MA 0130)	1000.00	RETILED
9.118/19	FOURNICE, NAMED SELECTION DE MA	[00,00]	NIA
2/8/19	GEISHMAN, JAMES 164 E CLEWELAND ST GEGENFIELD, MA OBCI	100000	RETIRED
Line 9: Total Reco	eipts over \$50 (or listed above)	6,300.00	
Line 10: Total Rec	reipts \$50 and under* (not listed above)	10260	
Line 11: TOTAL	RECEIPTS IN THE PERIOD SEL NEW	11,426	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
MINA	HAZARD NAVCY BORRES BOR	1,500,00	RETINED
201719	HIRSCHFIED INCOMAN HI MERCH LANE GREENFIED NA	10000	- NIA
8/8/19	HULAND, JOHN PO BOX 1234 GLENFIELD, WA CABOR	Z40,00	PRESIDENTI CEO GUEENFIRLD SAUNS BANK
10/16/19	CREDIFIEDINA 0130Z	ZS0.ω	PRELIDENT CED GRENTRUD STUNGS BANK
7/10/19	LARABEE KANEN ZYONKHILL A CRES GREENFIRCHIMA	1000.00	FUNDAL COORDINATOR
1017/19	MITCHELLIED RD 621 BEDWANSTEN RD GREENEILLONAN OFFI	100.00	414
1016119	RORBAIHD, WISTY 28 PROSPECT AUR 28 PROSPECT AUR 28 PROSPECT AUR 20 PROSPECT AU	150.00	AIU
10/7/19	RUGGINEL, JUSEPH SUB BRUARDS TO FD GRENDERUS, MA OBOL	1:25.∞	ROUSELU REAL ESTATE SELF EMPLOYADIREATON
1017119	STENFIELD ME OBOI	75.00	NIA
1017/19	SINJER, DAVID 41 GRUNDE ST (STEENFIELD) WA CISC)	200.00	ATTOMYY DAUIDISINGUL, ESCE
Line 9: Total Rece	cipts over \$50 (or listed above)	4,100	10,400
Line 10: Total Rec	eipts \$50 and under* (not listed above)	1,026.00	
	RECEIPTS IN THE PERIOD	11,426	← Enter on page 1, line 2 Id include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

		·

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

Data Bald	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)			Amount
1011/19	ADAMS DIRECT MALSON	GUENAIRDINA OBVI	POSTAGE FOR MAILURS	1,364.65
P181101	ADAM DIRECT MAKE SOM	SRESUFIED, MX ODDI	SELVICES FOR MAILEN	1,171.98
d(selid	DOUNTEN DRAKE FEL I)	245 CONWENT ST. GREENFIELD NA OBOI	REINBUNIOUT FOR PALACE SUPPLIES, DESKINS, BALLON	
8/8/19	FCAS	CLEMIND MY OBIN	PALADE REGISTRATION	150.00
813119	JEBEN ADICTI	Z89 MAIN ST. GREWFINDING OBO	HAWKES AND REED DOOM FOUTAL	200.0
9(5119	LOWST PRESS	736 GREENIFIED RD DEERFIRO, NA UBIZ	CAGIC HWA J ODS	1,986.80
1012119	LOUST PRED	736 GETENFIRU LD DEERFIELD, MA 01342	ZSO LANN SKUS	1,274.97
21719	MAGPIE	ZI BANK ROW GREWFIELD, MA OBOI	PIZZA HAWKES WID REED EURWIT	100.00
9/18/19	POBERTS, RACHEL	GRENFIED, MA OBU)	CONSULTING WORK	200.00
PIBLICA	RODURTS, RACHIEL	SZ MADISOV CINCIE GREWANNAM OBOD	REINSUNDANT FOR DOOR HANDRUS.	427,65
915119	ROBENTILACHEL	SZ MA DISON CIRCLE CREENFIELD, MA OBOI	REIMBURSHUNT FOR STICKELS/BJS CANDY STICKELS/BJS CANDY	174.34 + 101.50 = 275.84
10/18/19	RULARUTS, RACHIRL	SZMADOON CIRCLE GREENFIRM, MA OBJO)	REINGURSOWN FUR	134.00
		Line 12: Total Expenditures ov	er \$50 (or listed above)	9,350.74
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	72360
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	9,774.34

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
7118117	USPS	GUENFIELD, MOBUL	PO BUX RENTAL	53.00
81719	MULAUE PIZZA	GREENFIELDING ODDI	PIZZA FUR HAWKOTLIED EVIONT	100.00
10/6/19	IAHW	SI WOUDADR RD GREENFILD, UN OBU)	RADIO ADS	810.00
10116119	WIZZ	PO BON 983 GREENFIELD MA OBJE	20A 010AA	390.00
10/18/14	WRSI	LOU MAIN ST NOW HAMPTON, NA SKISO	RADIO ADS	487,50
	,	Line 12: Expenditures over \$50	(or listed above)	9,550.74
		Line 13: Expenditures \$50 and u	under* (not listed above)	Z23.60
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	9,774.34

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
7/3/19	ARAM, STEVE	ZSZ DAVIS STRIET GRENFIND M	CODADDY DOMAN WIBSHE	132.97
8/7/19	MAGPIE	ZI BANK ROW GRENFIELD IM OBO)	PIZZA FOR HAWKES AND READ KICROFF	150,00
21719	NUNCE PISSA	42 BANK ROW GRENTHELD, MA OBOI	PIZZA FOR HAWKOS AND REPORT KICKOFF	1 50.00
		Line 15: In-Kind Contributions	over \$50 (or listed above)	432.97
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	432.97

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Nit				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	Z

ENFIELD, MASS

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Comm201940CT 28 AM II: 04 of Massachusetts	
OFFICE OF THE	File with: City or Town Clerk or Election Commission 21/2019 Ending Date: 10/18/2019
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
TOHN BOTTOMLEY Candidate Full Name (if applicable) PRECINCT 4 COUNCILOR Office Sought and District 63 HAYWOOD ST, GREENFIEW, MAOISO Residential Address E-mail: MARYC 7700 (3 YAHOO COM) Phone # (optional):	Committee to ELECT JOHN BOTTOMLEY PRECINCT 4 Committee Name CD UNCILOR MARY CHICOINE Name of Committee Treasurer 254 DAVIS ST GREENFIELD, MA 01301 Committee Mailing Address E-mail: MARYC 7700 @ YAHOO, COM Phone # (optional):
SUMMARY BALANCI	CE INFORMATION:
Line 1: Ending Balance from previous report	\$ 379.29
Line 2: Total receipts this period (page 3, line 11)) 0
Line 3: Subtotal (line 1 plus line 2)	\$ 379.29
Line 4: Total expenditures this period (page 5, line	ne 14) \$ 281, 59
Line 5: Ending Balance (line 3 minus line 4)	\$ 97.70
Line 6: Total in-kind contributions this period (page	age 6) O
Line 7: Total (all) outstanding liabilities (page 7)	6
Line 8: Name of bank(s) used: GREENFIELD	SAVINGS BANK
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind or finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	ox only)
	the best of my knowledge and belief, a true and complete statement of all campaign finance occordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period that are not otherwise disclosed in this report.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	ts, in-kind contributions and liabilities for this reporting period and represents the

	:	

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Data Danimas	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(tor constitutions of \$200 of more)
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	——————————————————————————————————————		
	050 (1) (1)		
	pts over \$50 (or listed above)	0	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0	
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address	1	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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	3		
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		1	
:			
		<u> </u>	<u> </u>
ine 9: Total Rece	ipts over \$50 (or listed above)		
ine 10: Total Reco	eipts \$50 and under* (not listed above)		
ine 11: TOTAL	RECEIPTS IN THE PERIOD		Enter on page 1, line 2
	1	o C. Lina 10 shor	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.) To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
9/17/2014	BLUÉ DEAL	415 ANNADALE RD SUITE 105 ANNADALE, VA 22003	CAMPATON SIGNS	\$ 281.59
<u> </u>		Line 12: Total Expenditures ov	er \$50 (or listed above)	4 281.59
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	\$ 281.59

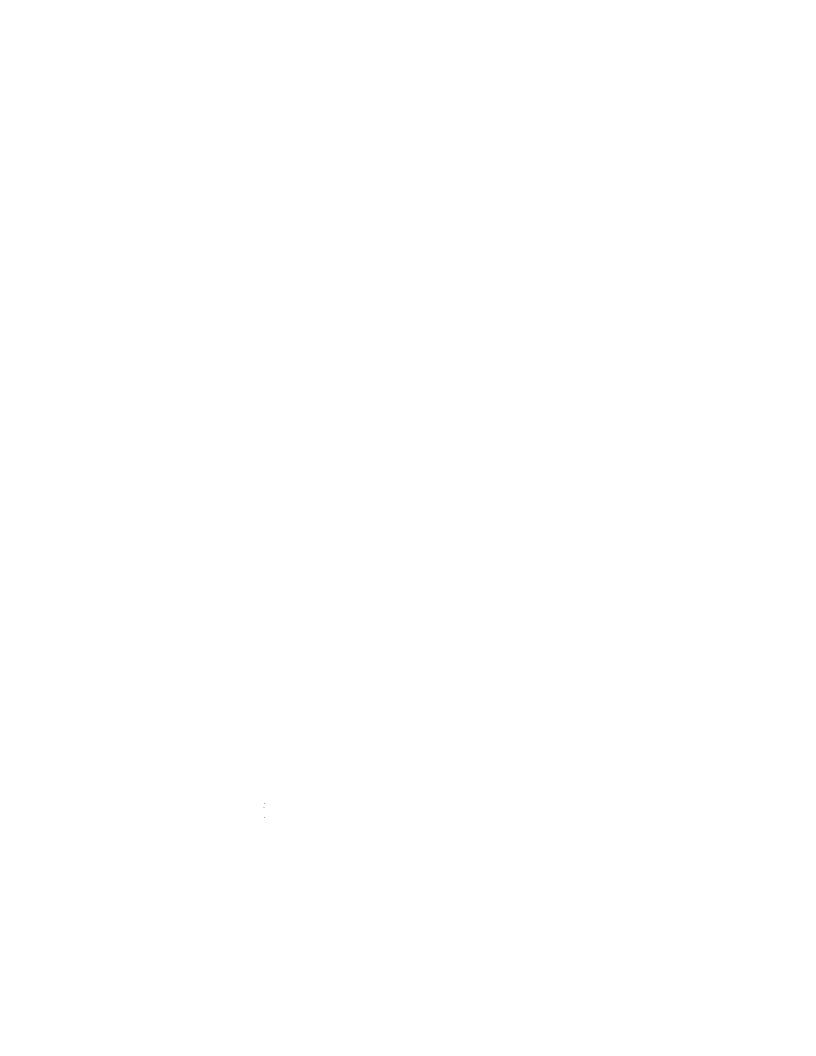
^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
]		
		A CONTRACTOR OF THE CONTRACTOR				
<u> </u>		Line 12: Evnenditures over \$		J [
	Line 12: Expenditures over \$50 (or listed above)					
Line 13: Expenditures \$50 and under* (not listed above)						
Enter on page 1, line 4 Line 14: TOTAL EXPENDITURES IN THE PERIOD Line 13: Line 13 should include only those expenditures not itemized						

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				<u> </u>
	-			
Line 15: In-Kind Contributions over \$50 (or listed above)			0	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	e 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6



SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount	
			F		
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

GREENFIELD, MASS

Fill in Reporting Period dates: Beginning Date: 9/1/2	Direction S = miles				
	OFFICE OF THE				
Type of Report: (Check one)	OH T CLERK				
☐ 8th day preceding preliminary	30 day after election year-end report dissolution				
Philip W. Elmer	Citizens for Phil Elmer				
Candidate Full Name (if applicable)	Committee Name				
City Council at large	Christopher Sikes Name of Committee Treasurer				
Office Sought and District 28 Chestnut Hill	28 Chestnut Hill				
Residential Address	Committee Mailing Address				
E-mail: ped@mac.com	E-mail: ped@mac.com				
Phone # (optional): 347-404-0090	Phone # (optional): 413 - 265 - 9167				
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report	0				
Line 2: Total receipts this period (page 3, line 11)	1350.37				
Line 3: Subtotal (line 1 plus line 2)	1350.37				
Line 4: Total expenditures this period (page 5, lin	ne 14) 1350.37				
Line 5: Ending Balance (line 3 minus line 4)	0				
Line 6: Total in-kind contributions this period (pa	age 6)				
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used: TD Bank					
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.					
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the Signed under the penalties of periury:	s, in-kind contributions and liabilities for this reporting period and represents the				

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address	4	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
9/24/2019	Greenfield Democratic Town Committee, 1 Elm Terrace	50	
10/27/2019	Philip Elmer	1300.37	Journalist, Apple 3.0
ine 9: Total Rece	eipts over \$50 (or listed above)	1350.37	
ine 10: Total Rec	eipts \$50 and under* (not listed above)		
ine 11: TOTAL	RECEIPTS IN THE PERIOD	1350.37	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Rece	eipts over \$50 (or listed above)		
	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

eport all expenditures. Please include your committee name and a page number on each page.) To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
9/3/19	WHAI	81 Woodward St. Greenfield	40 15-second ads	450	
9/3/19	What	or woodward St. Greenment			
10/24/19	WHAI	81 Woodward St. Greenfield	90 30-second ads	810	
10/24/13					
				Γ	
		1]]]		
			1		
		111			
] [
		4			
				F. (1990) 28 - (1990) 28 (1990)	
				1260.00	
		Line 12: Total Expenditures of	over \$50 (or listed above)		
		Line 12. Total Event ditures of	50 and under* (not listed above)	90.37	
		Line 13: Total Expenditures \$	50 and under* (not listed above)		
	Enter on page 1, line 4 =	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	1350.37	
			should include only those expenditure		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
		Line 14: TOTAL EXPENDIT	HOURES IN THE PERIOD hould include only those expenditure	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
	Line 15: In-Kind Contributions over \$50 (or listed above)				
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS					

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
]	



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

GREENFIELD, MASS

Fill in Reporting Period dates: Beginning Date: 5ep	t 1, 2019 Ending Date: 30 At 29, 52019
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	CITY CLERK 30 day after election year-end report dissolution
Candidate Full Name (if applicable) Office Sought and District Residential Address E-mail: Phone # (optional):	Green Field CPR-PAC Committee Name Cohen Name of Committee Treasurer FCCPR POBOX 216 GNF lo 14a 01302 Committee Mailing Address E-mail: INFO QFCCPR.US Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	497.77
Line 2: Total receipts this period (page 3, line 11)	685.00
Line 3: Subtotal (line 1 plus line 2)	1182.77
Line 4: Total expenditures this period (page 5, line	14) 923.08
Line 5: Ending Balance (line 3 minus line 4)	259.69
Line 6: Total in-kind contributions this period (pag	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Green field	SAUINES BANK
incurred any liabilities nor made any expenditures on my behalf during this reporting p Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the be	only) est of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. Date: 11/27/19 only) est of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions. eriod that are not otherwise disclosed in this report.
finance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance.	n-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date:

·		

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

report an receipts.	Please include your committee name and a pa	age number on ca	ach page.)
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/21/19	DAVID COLLEN 3356 reen Krogic Rd Green Cield Ma 01361	100,00	Retiren
10/24/19	mike Fudel 24 Franklin St Green Field Ma 01301	50,00	
11/7/19	DAVID Greenberg 227 W. Ley Den Rd Colrain, Ma 01341	115.00	Retiren
9/16/19 10/21/19	Patti Williams 147 DAVIS ST Green Field Ma 01341	30 0,00	Retiren
10/21/19	Susan Worgaftik 45 Forest Ave Greenfield Ma 01301	100.00	Recuerd
Line 9: Total Recei	pts over \$50 (or listed above)	665.00	
Line 10: Total Recei	pts \$50 and under* (not listed above)	20.00	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	685.00	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)	665,00	
······································	ipts \$50 and under* (not listed above)	20.00	
	ECEIPTS IN THE PERIOD receipts of \$50 and under, include them in line	L	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.) To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
10/4/19	ADAM'S Direct Mail		Mailing TO Supporters	233.08	
10/24/19	Greenfield Recorber		AD IN Paper on which canonates we envorsed	690.00	
				1	
		Line 12: Total Expenditures ove		923.08	
		Line 13: Total Expenditures \$50	and under* (not listed above)		
* 16	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 923, 08				

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid	LE B. EAI ENDITURES (C		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				<u> </u>
		X		
]
		Line 12: Expenditures over \$50	(or listed above)	923,08
		Line 13: Eynandituses #50 - 1	undon & Contact Contact Contact	
		Line 13: Expenditures \$50 and u	inder* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	923.68
Elface hour itom	jized expenditures of \$50 and under			1

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

		*

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	\$50 & under (not listed above)	
* If an in kind oon	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
4				
				A Park - Man
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	

Common VALU NOV - I AM 9: 33

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Veriod dates: Beginning Date:	9-24-19 Ending Date: 10-18-19
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding electio	n 30 day after election year-end report dissolution
Candidate Full Name (if applicable) City Counce At Lorge Office Sought and District Residential Address E-mail: Savest Kenny & Grail. Cor Phone # (optional): (357) 4 (1 8019)	Committee Name Ruth Flex M. Henry Name of Committee Treasurer Committee Mailing Address E-mail:
SUMMARY BALA	NCE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line	11) 351.400
Line 3: Subtotal (line 1 plus line 2)	351.10
Line 4: Total expenditures this period (page 5	, line 14) 351. 10
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period	(page 6)
Line 7: Total (all) outstanding liabilities (page	;7)
Line 8: Name of bank(s) used:	
activity, including all contributions, loans, receipts, expenditures, disbursements, in- finance activity of all persons acting under the authority or on behalf of this committ Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	1 box only)
activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this repo	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, orting period that are not otherwise disclosed in this report.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, finance activity, including contributions, loans, receipts, expenditures, disburses campaign finance activity of all persons acting under the authority or on behalf	
Signed under the penalties of perjury:	(Candidate's signature) Date: 10 3 ()

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
9/26	James F. Hung	351.10	Community Organ Tres Tom Steger For President
		()	
C.M.			
	1		
ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(mhanna sanay sanay I odan ra)	Imount	(10) Concernations of \$200 of mare)
]	
† ; } ;			
		<u> </u>	
		<u> </u>	
		<u> </u>	
ine 9: Total Recei	pts over \$50 (or listed above)	351.10	
ine 10: Total Recei	ipts \$50 and under* (not listed above)		
ine 11: TOTAL R	RECEIPTS IN THE PERIOD	351.10	F
	receipts of \$50 and under include them in lin		1

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	page number on	enen page.)	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	A
()	(Aphabeteal listing)	Address	rurpose of Expenditure	Amount
9/26	Sign Bonthecherp. 12	11525A Stancholow	CHIE	351,10
100		Austin Taus	Signs	331.10
		200 5011 17 18200		
	L			L
				<u></u>
	A	Account of the second of the s	Co. Ally	
				L
		1		
	[1	Line 12: Total Expenditures ove	r \$50 (or listed above)	
	i i			
	[1	Line 13: Total Expenditures \$50	and under* (not listed above)	
		Line 14. TOTAL EXPENSION	DECINITIE DEDICE	
	Enter on page 1, line $4 \rightarrow 1$	Line 14: TOTAL EXPENDITU	KES IN THE PERIOD	
you have item	nized expenditures of \$50 and under,	include them in line 12. Line 13 sho	ould include only these even diture	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
l					
<u> </u>					
	<u></u>				
	· · · · · · · · · · · · · · · · · · ·				
	:			<u> </u>	
	<u></u>				
<u> </u>					
		Line 12: Expenditures over \$50	(or listed above)	35 .10	
		Line 13: Expenditures \$50 and	under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	3510	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
				<u> </u>	
Line 15: In-Kind Contributions over \$50 (or listed above)					
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS					

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
1	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			